

# Prevention Initiative Professional Development Plan

## SAMPLE

Each program will develop an individualized Professional Development Plan Form that will be used by each of the program staff.

Date:	Program year:		to	
Staff name:	Position:			
Work location(s):	Supervisor:			
Identify your current strengths:				
Identify areas of needed growth:				
Describe any areas of frustration in your work:				
Describe your favorite aspects of your work:				
Goals: The purpose of this section of the document is to establish work goals for the fiscal year. Goals are statements with expected outcomes within specific periods of time. Each goal should fit into and support the overall mission, values, and vision of the program. Include any professional development or other support necessary to accomplish the goal.				
Goal 1:				
Professional Development Plan to support goal attainment:				
Measurement/outcome that will provide support/evidence of goal completion: (Indicate quantity, quality, time frame, percentages, or other specific measures.)				

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Review date:	Mid-year comments:
Review date:	Year-end comments:
Goal 2:	
Professional Development Plan to support goal attainment:	
Measurement/outcome that will provide support/evidence of goal completion: (Indicate quantity, quality, time frame, percentages, or other specific measures.)	
Review date:	Mid-year comments:
Review date:	Year-end comments:
Goal 3:	
Professional Development Plan to support goal attainment:	
Measurement/outcome that will provide support/evidence of goal completion: (Indicate quantity, quality, time frame, percentages, or other specific measures.)	
Review date:	Mid-year comments:
Review date:	Year-end comments:

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Initial Completion: I have participated in the development of these goals.	
Notes:	
Date:	Employee Signature:
Date:	Supervisor Signature:
Mid-year review:	
Notes:	
Date:	Employee Signature:
Date	Supervisor Signature:
Year-end Review: I have updated my progress toward the completion of these goals. I have discussed with my supervisor and understand the progress and overall evaluation of my goals.	
Notes:	
Date:	Employee Signature:
Date	Supervisor Signature:
The employee and supervisor will receive copies of this document. Insert the date form was created or revised and page numbers.	